

# Abbey House Medical Practice

## Quality Report

Golding Close  
Daventry  
Northants  
NN11 4FE  
Tel: 01327 877770  
Website: [www.ahmp.org.uk](http://www.ahmp.org.uk)

Date of inspection visit: 17 November 2015  
Date of publication: 21/01/2016

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

Overall rating for this service	Outstanding	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Outstanding	
Are services responsive to people's needs?	Outstanding	
Are services well-led?	Good	

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	9
Areas for improvement	9
Outstanding practice	9

### Detailed findings from this inspection

Our inspection team	11
Background to Abbey House Medical Practice	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Abbey House Medical Practice on 17 November 2015. Overall the practice is rated as outstanding. We found the domains of caring and responsive were outstanding which resulted in the practice being outstanding overall.

Our key findings across all the areas we inspected were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

We saw several areas of outstanding practice:

- The practice provided a young person's drop in clinic where they could consult with a GP with a special interest in young person's health and discuss issues such as sexual health, bullying and self-harm.

# Summary of findings

- The practice had a personalised care system where each GP carried out twice yearly care home reviews involving the pharmacist and care home staff to include medication review as well as clinical assessment and dementia review. Each GP also had an allocated personal assistant (PA) who worked specifically for them and dealt with queries from their patients and their allocated care homes. This allowed them to become familiar with these patients reducing the need for patients and attached staff to continually repeat information and provided continuity and co-ordinated care and ensured that queries were dealt with promptly.
- The practice had introduced a patient services assistant who was also the carers lead and was based in the reception area in a specific room accessible to patients. It was their role to help patients who needed to speak to a member of staff in private, or who were distressed. However there was an area of practice where the provider needs to make improvements.

Importantly the provider should:

- Implement a system to ensure the content of asthma care plans is available to staff.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were enough staff to keep patients safe.

Good



### Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality in most areas, although there were some specific areas where achievement was below the CCG average, which the practice were addressing. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Good



### Are services caring?

The practice is rated as outstanding for providing caring services. Data showed that patients rated the practice higher than others in almost all aspects of care. The practice had taken additional measures to ensure patients dignity and privacy by the introduction of a patient services assistant whose role was specifically to assist patients requiring private discussions, those who had concerns regarding services and those registering with the practice. They were able to assist and signpost to relevant support services and provide explanations to patients when they expressed concerns about services or had cause to complain. Patients consistently reported they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. The practice had also introduced systems to allow patients and care home staff prompt access to their named GP promoting continuity and personal service. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Outstanding



# Summary of findings

## Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. There was access daily to a duty GP and prescribing nurse for those patients who required on the day treatment or consultation. The practice had outstanding facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. The practice had reviewed and implemented a new telephone and appointment systems in response to patients views and complaints which allowed easier access to appointments and services. They also provided additional services in response to the needs of the population such as young people's services and educational support for patients regarding their long term conditions. Learning from complaints was shared with staff and other stakeholders.

Outstanding



## Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure which had identified specific staff for allocated roles and staff felt supported by management. The practice had introduced specific systems allocating administrative staff to each GP and reception staff to assist new patients registering with the practice. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. A PPG is a group of patients who represent the views patients and work with the practice to make improvements. Staff had received inductions, regular performance reviews and attended staff meetings and events. The practice supported and trained staff and encouraged and enabled progress within the organisation.

Good



# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

The practice is rated as outstanding for the care of older people because the practice was outstanding in the two domains of caring and responsive which impacts on the population as a whole. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and prompt access to appointments for those with enhanced needs. The practice had developed systems to review and update care and treatment, working closely with pharmacy and care home staff to provide better co-ordination of care. They also had allocated practice staff who dealt with specific groups of patients. For example, each GP was responsible for an allocated care home and visited at least weekly. They also had their own personal assistant who dealt specifically with the staff at the care home. Twice yearly care home reviews were undertaken involving the pharmacist and care home staff to include medication review as well as clinical assessment and dementia review.

Outstanding



### People with long term conditions

The practice is rated as outstanding for the care of people with long-term conditions because the practice was outstanding in the two domains of caring and responsive which impacts on the population as a whole. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. The practice also offered educational sessions to newly diagnosed patients with diabetes to help them learn how to manage their condition. They also had an allocated long term condition co-ordinator to alert nursing staff to new patients to enable them to be seen promptly and that scheduling for review was monitored. The practice had identified GP leads for specific disease areas who were responsible for ensuring that all areas were being provided with regular monitoring and optimum treatment.

Outstanding



# Summary of findings

## **Families, children and young people**

The practice is rated as outstanding for the care of families, children and young people because the practice was outstanding in the two domains of caring and responsive which impacts on the population as a whole. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses. The practice had a GP with a special interest in young people's health and they offered a drop in clinic to provide an opportunity for young people to discuss health issues, such as sexual health, self-harm and bullying.

**Outstanding**



## **Working age people (including those recently retired and students)**

The practice is rated as outstanding for the care of working-age people (including those recently retired and students) because the practice was outstanding in the two domains of caring and responsive which impacts on the population as a whole. The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. The practice provided a Community Skin Cancer Service for patients from all practices in the area under a separate contract and this was carried out by one of the GPs with long term experience and expertise in this field of work.

**Outstanding**



## **People whose circumstances may make them vulnerable**

The practice is rated as outstanding for the care of people whose circumstances may make them vulnerable because the practice was outstanding in the two domains of caring and responsive which impacts on the population as a whole. The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. It had carried out annual health checks for people with a learning disability and these patients had received a follow-up. It offered longer appointments for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. Vulnerable patients had

**Outstanding**



# Summary of findings

been signposted to additional support services, groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

## **People experiencing poor mental health (including people with dementia)**

The practice is rated as outstanding for the care of people experiencing poor mental health (including people with dementia) because the practice was outstanding in the two domains of caring and responsive and which impacts on the population as a whole. Patients experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia. The practice had a councillor and hosted the wellbeing team at the practice and referrals were made as required.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

**Outstanding**



# Summary of findings

## What people who use the service say

The National GP Patient Survey results published in July 2015 showed the practice was performing above the local and national averages in all areas with the exception of convenience of the last appointment where it was slightly less than the CCG and national averages. There were 97 responses from 287 surveys sent out which represents 35% response rate.

- 76% found it easy to get through to this surgery by phone compared with a CCG average of 71% and a national average of 73%.
- 89% found the receptionists at this surgery helpful compared with a CCG average of 85% and a national average of 87%.
- 63% with a preferred GP usually got to see or speak to that GP compared with a CCG average of 55% and a national average of 60%.
- 86% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 85% and a national average of 85%.
- 88% said the last appointment they got was convenient compared with a CCG average of 92% and a national average of 92%.
- 79% described their experience of making an appointment as good compared with a CCG average of 72% and a national average of 73%.
- 85% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 67% and a national average of 65%.
- 72% felt they did not normally have to wait too long to be seen compared with a CCG average of 59% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 comment cards which were all positive about the standard of care received. Patients commented on receiving efficient, well-co-ordinated services and that they felt well supported through their health concerns. Many comments reported how beneficial they found the patient services aspect of the practice had been for them. They reported helpful, professional but friendly staff and they had found the signposting to other services and advice from staff particularly helpful. Patients consistently referred to experiencing good care, doctors who listened and were caring and how access to a doctor when they needed one was readily facilitated. Some patients commented on how the specific care from some GPs had significantly improved the quality of their life.

## Areas for improvement

### Action the service SHOULD take to improve

- Implement a system to ensure the content of asthma care plans is available to staff.

## Outstanding practice

- The practice provided a young person's drop in clinic where they could consult with a GP with a special interest in young person's health and discuss issues such as sexual health, bullying and self-harm.
- The practice had a personalised care system where each GP carried out twice yearly care home reviews involving the pharmacist and care home staff to include medication review as well as clinical assessment and dementia review. Each GP also had an allocated personal assistant (PA) who worked specifically for them and dealt with queries from their patients and their allocated care homes. This allowed them to become familiar with these patients reducing

## Summary of findings

the need for patients and attached staff to continually repeat information and provided continuity and co-ordinated care and ensured that queries were dealt with promptly.

- The practice had introduced a patient services assistant who was also the carers lead and was based

in the reception area in a specific room accessible to patients. It was their role to help patients who needed to speak to a member of staff in private, or who were distressed.

# Abbey House Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP advisor, a practice manager advisor and another CQC inspector.

## Background to Abbey House Medical Practice

Abbey House Medical Practice provides primary care medical services to approximately 19,600 patients who live in Daventry and the surrounding areas under a Personal Medical Services (PMS) agreement. PMS agreements are locally negotiated contracts between NHS England and a GP practice.

The practice has ten GP partners and a practice manager who is also a partner. They employ three salaried GPs and a locum GP when necessary. They also employ a clinical assessment team of three nurses, two of which are nurse prescribers. There is also a nursing team of three practice nurses and three health care assistants. They are a teaching and training practice which supports and mentors medical students and trainee GPs. The practice operates from a two storey premises with administrative and clerical staff on the first floor and all patient consultations take place on the ground floor.

The practice operates a branch surgery at Monksfield Surgery, Wimborne Place, Daventry and provides minor surgery from those premises. We did not inspect the Monksfield branch Surgery as a whole, but inspected the

infection control and minor surgery facilities as minor surgery was only carried out at the branch surgery. The practice provided a Community Skin Cancer Service for patients from all practices in the area under a separate contract and this was carried out by one of the GPs with long term experience and expertise in this field of work.

The practice is open on Wednesdays and Fridays from 8am until 6.30pm and on Mondays, Tuesdays and Thursdays from 8am until 8.05pm offering extended hours appointments. The practice offered Saturday clinics for flu vaccinations. When the practice is closed services are provided by Integrated Care 24 via the 111 service.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Detailed findings

## How we carried out this inspection

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people

- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Before inspecting the practice, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 November 2015. During our inspection we spoke with a range of staff, including the practice manager, nurses, a health care assistant, and reception and administrative staff. We also spoke with a member of the patient participation group and patients who attended the practice that day and we observed how staff assisted patients when they arrived at the practice. We had asked patients to leave comment cards and share their view regarding the practice and the service they received and these were also reviewed during our inspection.

# Are services safe?

## Our findings

### Safe track record and learning

The practice demonstrated an effective system for reporting and recording significant events and we saw evidence of several examples which had been reported, investigated and shared with staff. We noted a good team approach to learning from significant events and staff told us they were encouraged to report incidents. They told us they felt the practice was open and honest about when things had gone wrong and were committed to learning and preventing any recurrence of incidents. We saw that the practice had shared the outcome of significant events with external agencies, such as secondary care and the clinical commissioning group (CCG) when appropriate to ensure that all parties involved were aware of what had occurred and that learning was shared. There was an allocated member of staff responsible for co-ordinating significant event outcomes and ensuring they were on the agenda for meetings. There was a specific form used to record these and we noted these had been recorded in a log to enable analysis and review. We saw that an annual review had taken place which did not reveal any themes. All complaints received by the practice were entered onto the system and treated as a significant event if appropriate.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, we saw how the practice had reviewed the whole system of vaccine storage, including replacement of equipment, protocol, method of recording temperatures and checking procedures and training as a result of a significant event and continued to monitor effectiveness of the changes.

Safety was monitored using information from a range of sources, including the Medical and Healthcare products Regulatory Agency alerts and the National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

### Overview of safety systems and processes

We saw that the practice operated a range of risk management systems for safeguarding, health and safety,

infection control, medication management and staffing which demonstrated a safe track record. We saw that risks were addressed when identified and that specific staff had allocated roles to ensure actions were carried out.

- The practice had arrangements in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare and we saw details in all areas of the practice informing staff of the external contacts for safeguarding. There was a lead member of staff for safeguarding adults and one for children. The practice had been proactive in identifying a new lead for child safeguarding when they became aware a staff member was leaving and all staff we spoke with knew in advance who was continuing this role. The GPs attended safeguarding meetings and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all staff had received training relevant to their role.
- We saw notices displayed in the practice informing patients that a chaperone was available if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS) and we saw records to confirm this. These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and the practice had up to date fire risk assessments. Regular fire drills took place and we noted one had taken place the week of our inspection. The practice commissioned the services of external contractors to service and maintain medical and electrical equipment to ensure it was working properly and safe to use and we saw a log to confirm this, which showed it had been completed this year. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control.
- The practice was visibly clean and tidy and we saw that appropriate standards of cleanliness and hygiene were followed. They had employed the services of contract

## Are services safe?

cleaners and we saw that the practice had a system for monitoring their effectiveness and addressing areas of concern. One of the practice nurses was the infection control clinical lead and carried out audits to ensure the practice was meeting the appropriate standards we saw evidence that action was taken to address any improvements identified as a result. There was an infection control protocol in place and staff had received up to date training. The practice had carried out Legionella risk assessments using an external contractor who had identified some remedial work was required. This had not been completed at the time of our inspection, however, the practice contacted us the following day to confirm that a contractor had been commissioned to carry out the work and was scheduled for completion by 9 December 2015.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice had a robust system which required GPs to return their bags monthly on the practice learning day for checking by one of the nurses. We saw that this took place and also saw evidence of actions taken when one GP had overlooked this on one occasion. Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. We saw minutes of an educational meeting where prescribing had been discussed. We looked at the system for storage of prescription pads and saw they were securely stored and there was a system in place to monitor their use.
- Staff files we looked at showed that appropriate recruitment checks had been carried out prior to

employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There were section managers for each area of work who ensured that a rota system was in place to ensure sufficient staff were on duty to cover the workload for all the different staff groups. For example, there was a clinical team leader, call centre team leader and secretarial team leader.

### **Arrangements to deal with emergencies and major incidents**

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had an automated external defibrillator (AED) available on the premises and oxygen with adult and children's masks, although we noted there were no AED pads for children between one and eight years. The practice told us they had sought advice from the resuscitation specialists and had been informed that these were not necessary. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment and consent

The practice carried out assessments and treatment in line with NICE best practice guidelines and had systems in place to ensure all clinical staff were kept up to date. The practice were able to access guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. They held weekly educational meetings when all clinicians attended and discussed topics such as changes in NICE guidance. Some of the GPs presented changes to the whole clinical team in areas such as hypertension. They also discussed changes from the multi-disciplinary team meetings, areas of chronic disease which may need addressing and invited guest speakers from specialist areas to share best practice. The practice monitored that guidelines from NICE were being followed through risk assessments, audits and following up clinical issues identified through significant events.

Staff we spoke with told us patients' consent to care and treatment was always sought in line with legislation and guidance. They understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. The practice demonstrated awareness of the need for 'do not resuscitate' (DNAR) forms and we saw evidence of discussions with patients and relative regarding this. These were kept in the patient's own homes and a template was available on the patients' computerised medical records to inform all staff involved in their care of their status.

When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.

The practice had adopted templates to ensure best practice was used for the management of patients with long term conditions and we reviewed specifically the

asthma template which was comprehensive and thorough. However, whilst we noted that although the template was completed, there was no record of the content of the care plan available in the patient record.

### Protecting and improving patient health

The practice were proactive in identifying patients who may be in need of extra support. This included patients who lived in care homes, those in the last 12 months of their lives, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. There was a counsellor available at the practice for adult and teenage patients for GPs to refer to if necessary as well as the Wellbeing team. The practice met regularly with other support services such as MIND, and the community mental health team to ensure that patients were accessing all available services and promote co-ordinated care. The health care assistant offered smoking cessation advice as well as NHS Health Checks.

The practice's uptake for the cervical screening programme was 83.3%, which was comparable with the national average of 82.8%. The practice followed national guidance regarding patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend other national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG and National averages. For example, childhood immunisation rates for the vaccinations given to under twos ranged from 97.7% to 98.8% and five year olds from 98% to 98.4%. Flu vaccination rates for the over 65s were 75.3%, and at risk groups 54%. These were also slightly above to national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74 years. They had invited 1,239 patients for health checks since April 2015 and undertaken 300 health check since that time which represented a 24% uptake. Appropriate follow-up on the outcomes of health assessments and checks were made where abnormalities or risk factors were identified.

The practice also offered chlamydia screening for those patients between 15 and 24 years and a range of contraceptive options for all patients.

# Are services effective?

(for example, treatment is effective)

## Coordinating patient care

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. All GPs at the practice had allocated secretarial support and all communications and correspondence was directed via their personal assistant (PA). Patients who needed to call the practice with queries regarding their care were given the name of the PA attached to the GP to enable them to always contact the correct member of staff and prevent patients needing to repeat their circumstances and ensured their care was well co-ordinated. Information regarding the attached staff was clearly indicated on the practice website and practice leaflet. Information such as NHS patient information leaflets were also available.

The allocated secretarial staff were responsible for typing all referral letters which were then forwarded to a different GP for peer review. We noted that the original GP did not see the final letter before sending it, however, the GPs told us they used specific software which allowed them to view the content during dictation.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis or sooner if issues arose and that care plans were routinely reviewed and updated.

## Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results for 2014/15 showed that the practice had achieved 94.5% of the total number of clinical points available which was the same as the national average and just below the CCG average of 96.4%.

Data from 2014/15 showed the practice had an above average achievement in areas such as asthma, chronic obstructive pulmonary disease, dementia, depression and hypertension, mental health and heart failure achieving between 0.9% and 4.2% higher than the CCG average, but achieved between 4.9% and 14% below the CCG average in diabetes, chronic kidney disease, stroke and peripheral arterial disease and rheumatoid arthritis. We saw they had leads for each QOF area to determine what action to take to address these areas which had not had such a high achievement.

Clinical audits were carried out and all relevant staff were involved to improve care and treatment and people's outcomes. There had been a variety of completed clinical audits undertaken in the last two years and we saw evidence to demonstrate that changes in care had taken place in response to these. For example, an audit had taken place regarding antibiotic prescribing and results presented to all GPs at their weekly educational meeting. They had identified patients with osteoporosis who were at high risk of fragility fracture and initiated appropriate treatment. They had also carried out audit on patients with heart failure to ensure they were on the optimum treatment for their condition in line with national guidance and we saw they had completed two cycles of audit. The practice participated in applicable local audits, national benchmarking and accreditation. All GPs at the practice undertook in-house peer review of referrals to secondary care to ensure the appropriate pathway were being followed. The practice demonstrated a commitment to education, updating and sharing best practice and we saw that the weekly educational sessions covered a wide variety of clinical areas and shared best practice and learning. Trainee GPs at the practice reported the benefit of the in-house sessions and feeling well supported with appropriate supervision. The practice had taken part in research studies relating to aspirin trials and inhaler techniques for patients suffering with asthma.

GPs were all allocated a specific care home to ensure continuity of care and they visited the homes weekly. They also carried out ward rounds together with the Nene CCG care home advice pharmacist and the care home staff every six months to ensure care plans and medications were reviewed and updated which incorporated a health check and dementia review.

# Are services effective?

(for example, treatment is effective)

The practice also provided a Community Skin Cancer service which allowed patients who had skin lesions to be seen by a GP with expertise in this area of work and reduce the need for referral to secondary care. The practice had carried out an audit on the outcomes of the patients attending the service and of 61 patients seen during the year, only 6 had been referred on to secondary care, which had prevented the need for 55 patients to attend hospital.

## Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for newly appointed members of staff that covered such topics as fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate

training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision, and facilitation and support for the revalidation of doctors. All staff we spoke with had had an appraisal within the last 12 months and reported this was a positive experience.

Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. We noted that the practice had recruited several apprentices and has supported them to work and learn various aspects of general practice administration. Staff told us they had had the opportunity to build on their knowledge and develop and apply for other roles within the practice.



# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

Throughout our inspection we observed how staff responded to patients and saw they were treated with respect at all times. We saw staff were friendly, helpful, polite and professional providing appropriate information and directing them to the correct area of the practice to wait for their consultation. Patients we spoke with during the day confirmed these observations. They told us they felt the practice offered an excellent service and the GPs, nurses and reception staff treated them respectfully, took time to listen to them and that they did not feel hurried during their consultation.

The practice had reviewed their appointment booking system and established a call centre in a different part of the building which allowed the reception area to remain quieter. It also enabled the allocated staff to deal with patients' calls promptly and efficiently without interruption and allowed reception staff to attend to patients on arrival without delay due to excessive telephone calls. This is supported by the national patient survey data above which reports higher satisfaction levels by patients making appointments and getting through on the telephone. The survey also reported patients overall satisfaction with the practice was high at 93% compared to the CCG average of 83%.

All consulting rooms had adjoining examination rooms with separate doors allowing patients privacy and maintaining dignity during examinations and treatments and patients confirmed this. We also saw signs offering the availability of chaperones if required. We noted in the waiting area that the practice had provided some specific high level chairs for patients experiencing mobility difficulties with a notice requesting these were left for those patients.

We saw that the practice was proactive in identifying patients who may be in need of extra support. This included those who lived in care homes, those in the last 12 months of their lives, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. They identified carers at registration and signposted patients to relevant support groups and organisations.

We spoke with the chair and another member of the patient participation group (PPG) who told us they were very satisfied with the care provided and worked well with the practice. A PPG is a group of patients who represent the views patients and work with the practice to make improvements. They told us they attended the practice and promoted and directed patients to the additional 'flu' clinics on Saturdays to increase uptake of the service. We also spoke with four other patients on the day of our inspection who also confirmed positive experiences of the care they received from all staff.

We reviewed 25 comment cards that patients had been asked to complete prior to our inspection and noted that all cards contained positive comments highlighting examples of good care. For example, some patients remarked on receiving timely investigations and test results, support with newly diagnosed long term conditions and how they had benefitted from being signposted to support organisations and other agencies.

Eighty-nine percent of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and national average of 87%.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was above average in almost all satisfaction scores on consultations with doctors and nurses. For example:

- 91.9% said the GP was good at listening to them compared to the CCG average of 87.4% and national average of 88.6%.
- 82.9% said the GP gave them enough time compared to the CCG average of 84.8% and national average of 86.6%.
- 97.6% said they had confidence and trust in the last GP they saw compared to the CCG average of 94.4% and national average of 95.2%.
- 90.4% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83.4% and national average of 85.1%.
- 94.9% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 90.4%.



## Are services caring?

### Care planning and involvement in decisions about care and treatment

We spoke with four patients on the day of our inspection and reviewed 25 comment cards which confirmed that patients felt involved in decisions about their health care and treatment. Patients spoke positively about how the GPs and nurses explained their condition and options available to them and how they did not feel hurried to make decisions about their care. We saw a significant amount of health promotion and advice leaflets in the clinical and waiting areas to provide patients with information about their condition and treatments available for them to take away to help them understand their condition. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 88.6% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84.1% and national average of 86%.
- 75.5% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79.4% and national average of 81.4%

Staff told us that translation services were available for patients who did not have English as a first language and that we noted that an interpreter trained in British Sign Language had also been booked for consultation for patients with hearing difficulties. We saw notices in the reception areas informing patients this service was available.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice demonstrated an understanding of the practice population and a commitment to improve outcomes for the patients in the area. They worked with the local CCG to help identify areas of service development and one of the GPs was the clinical director of the CCG and another partner and the practice manager were members of the locality board. The practice provided a Community Skin Cancer Clinic which allowed patients with suspicious skin lesions to be assessed and treated in the community without the need for hospital referral where appropriate. Askin lesionis a part of theskinthat has an abnormal growth or appearance compared to theskinaround it.

The practice had a patient participation group (PPG) with 24 active members. Members of the group attended face to face meetings with the practice during the year and attended the flu clinics to help the practice, signpost patients and promote the membership to the PPG. The practice had issued in house questionnaires and also gained feedback from the Friends and Family Test. They responded to feedback from patients and had implemented a new telephone system changed the appointment system. Patients had complained regarding privacy at reception and difficulty in getting an appointment. The practice had responded by creating a call centre and having a specific team of call handlers in a different part of the building, leaving the reception area to greet and direct patients appropriately.

The practice had also introduced a patient services officer and located a room in the reception area for them to deal with patients who wished to talk in private or who wanted to register with the practice. They assisted them to complete registration documentation and provided them with a 'welcome pack'. We saw this enabled them to go through the registration process and signpost to any relevant services, and also to allow any patients the opportunity to discuss any immediate concern or complaint they may have to prevent it escalating. We observed that patients engaged well with this service with a constant flow throughout the day and feedback to the practice confirmed that patients felt this service was beneficial and alleviated anxieties and helped them seek additional support from the appropriate services. Staff told us that since the implementation of this facility the

complaints had reduced significantly and feedback from patients was very positive. We saw a selection of comments left by patients expressing satisfaction with the service and the friendly, helpful staff both behind reception and in the patient services office.

The practice offered a teenage drop in clinic staffed by a GP with a special interest in young people's health. This service gave young people the opportunity to discuss issues such as bullying, sexual health and self-harm with a GP without an appointment and gain support and advice. This service included patients between 11 and 19 years of age who lived in Daventry and the surrounding villages. This provided immediate access without appointment and facilitated referral to other local services. The practice had evaluated the service and demonstrated that rates of long acting reversible contraception had increased and were higher than other areas. Additionally, the areas had lower rates of conception in the under 18 age group and there had been a fall in the teenage pregnancy rate.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- The practice offered appointments in the evenings on Mondays, Tuesday and Thursdays until 8.05pm to allow appointments for patients who were unable to attend during normal opening hours.
- There were longer appointments available for people with a learning disability, vulnerable patients and any other patients whose condition required additional consultation time.
- Home visits were available for older patients who would benefit from these and the practice carried out daily ward rounds at the local community hospital.
- Weekly visits to local care home with a named GP allocated to a specific home.
- Twice yearly care home reviews were undertaken involving the pharmacist and care home staff to include medication review as well as clinical assessment and dementia review.
- There was access daily to a duty GP and prescribing nurse for those patients who required on the day treatment or consultation.
- There were disabled facilities, hearing loop and translation services available.



# Are services responsive to people's needs?

(for example, to feedback?)

The practice offered joint diabetes clinics with the practice nurses and the diabetes specialist nurse monthly for patients experience difficulty managing their diabetes. They also provided an education session with the practice nurses to help newly diagnosed patients with diabetes to understand and learn to manage their condition. This prevented the patients having to travel to the general hospital.

## Access to the service

The Abbey House Surgery was open between 8am and 8.05pm Mondays, Tuesdays and Thursdays and Wednesday and Fridays from 8am until 6.30pm. The Monksfield branch surgery was open Monday to Friday from 8am until 6pm. A range of appointments were available throughout those times and could be booked online, at reception or via the telephone. Telephone triage was available for patients to discuss whether they needed an appointment if they wished to use this service.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above to local and national averages. For example:

- 83% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 76% patients said they could get through easily to the surgery by phone compared to the CCG average of 71% and national average of 73%.
- 79% patients described their experience of making an appointment as good compared to the CCG average of 72% and national average of 73%.
- 85% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 67% and national average of 65%.

Each GP had an allocated personal assistant (PA) who worked specifically for them and dealt with queries from their patients and their allocated care homes, allowing them to become familiar with these patients and reducing the need for patients and attached staff to continually repeat information regarding patients. This provided continuity and co-ordinated care and ensured that queries were dealt with promptly. Information was available for patients informing them of the PA for each GP.

The practice held a teenage drop in clinic which allowed teenagers to see one of the GPs who had a special interest in young people's health to discuss health concerns, which included, for example, bullying, sexual health and self-harm. This resulted in a reduction in teenage pregnancy rates for the area which was at 14.3 compared to 24.3 nationally and an increased uptake of long term reversible contraception from 81.3 to 92.7 over the last 4 years. The GP saw on average 2 to 3 young people at every drop in session.

## Listening and learning from concerns and complaints

The practice had identified over recent years that patients had expressed dissatisfaction at their appointment and telephone system and as a result had reviewed their whole approach to these. They had changed their telephone system and introduced an allocation of appointments to one third pre-bookable, one third telephone consultation and one third same day bookings. Review of this change demonstrated that complaints had reduced considerably and patient's satisfaction increased. Discussions with patients and comments cards confirmed this satisfaction.

The practice had an allocated member of staff who dealt with all complaints and concerns and facilitated their investigation and ensured the outcomes were communicated to all staff. We saw the system in place for handling complaints and concerns and which was in line with recognised guidance and contractual obligations for GPs in England. We looked at the complaints for the last year and saw they had been dealt with appropriately within the correct timescale and that the process had been open and transparent. We saw that where necessary an apology was given to patients if a complaint had been upheld.

As well as information that was available to help patients understand the complaints system and a specific member of staff who dealt with written complaints, the practice had a patient services assistant who was available in a private room in the reception area where patients could go to talk through any concerns immediately if they wished. Patients reported that this was a useful facility and helped resolve concerns immediately. Patients we spoke with were aware of the complaints process to follow if they wished to make a complaint.

# Are services well-led?

Good 

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Our findings

### Vision and strategy

The practice had a clear vision to provide a high quality, compassionate, confidential and patient-centred service which was appropriate, accessible, efficient and without prejudice. They had planned and implemented a robust strategy to achieve this involving all areas of the practice and sharing the vision with staff. The partners in the practice met twice yearly away from the practice to enable them to carry out succession planning and engage in strategic thinking for development of the practice. We saw details of the practice vision in staff areas and staff we spoke with demonstrated a commitment to delivering a good service to patients.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and showed there was a clear staffing structure and that staff were aware of their own roles and responsibilities. All staff spoke positively about working at the practice and reported feeling supported with good access to training and future development.

We saw a variety of practice specific policies had been implemented and were available to all staff, who told us they knew how to access these. Staff both clinical and administrative were aware of how the practice functioned and its challenges and successes and gave examples of how they wanted to develop their role further. The practice had invested in staff development and valued staff, encouraging and enabling them to access internal training and progress to different roles in the practice. For example, one member of staff had commenced as an apprentice and had developed skills in reception, administration and secretarial work. Another member of staff had progressed from administrative work and applied for the post as health care assistant and was supported by the practice to train in this area of work. They had also supported other staff members to undertake external training such as

qualifications in primary health care management. Clinical staff also reported being well supported in the practice and found the educational sessions beneficial as well as support from the partners in the practice.

The practice had an active programme of clinical and internal audit which was used to monitor quality and to make improvements and we saw evidence of changes made in care and treatment as a result, for example medication changes, and development of more accurate disease registers.

There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

We saw evidence to demonstrate the practice was open and honest when things had gone wrong. For example, they had had a significant event which required them to notify patients of an event which may have had an impact on the care they received. The practice adopted a robust and thorough investigation, involved all relevant agencies and provided an explanation to patients and implemented actions to prevent recurrence. Significant events as a whole were well managed and demonstrated shared learning and a no blame open and honest culture within the practice.

There were effective methods of communication within the practice with each area having their own divisional meetings where the team leader would disseminate information from the partners meetings. The practice also met together as a whole twice a year. Staff reported feeling involved and valued in the practice and the GP and managers expressed confidence in the staff they employed.

### Innovation

The practice was involved in research projects and had three GPs who were GP trainers. There was a culture of learning where they provided placements for medical students from a variety of universities and seven GPs were tutors associated with universities. The practice was involved in the local Community Education Provider Network and have two nurses who act as mentors and are working towards taking nursing students.